# UNITED STATES SECURITIES AND EXCHANGE COMMUSSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURI' PURSUANT TO REGULATION ... SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response.....16.00

SEC USE ONLY							
Prefix			Serial				
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DAT	E REC	EIV	ED				
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Name of Offering ( check if this is an amendment and name has changed, and indicate change.)

(Number and Street, City, State, Zip Code)

Correlagic Systems, Inc.

Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE

Type of Filing: New Filing Amendment

A. BASIC IDENTIFICATION DATA

1086

1. Enter the information requested about the issuer

Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Correlogic Systems, Inc.

Address of Executive Offices

6701 Democracy Blvd

Suite 300

Bethesda, MD 20817

Telephone Number (including Area Code)

Telephone Number (including Area Code)

301 214-3040

Address of Principal Business Operations (Number and Street, City, State, Zip Code)

(if different from Executive Offices)

Brief Description of Business

Bioinformatics company developing tests for the early detection of cancer

Type of Business Organization

☐limited partnership, already formed ☐limited partnership, to be formed

other (please specify):

business trust

Year Month 0500

☐ Estimated

Actual or Estimated Date of Incorporation or Organization:

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

DIE

# GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice,

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA									
<ol> <li>Enter the information requested for the following:         X</li></ol>									
Z Each general and									
Check Box(es) that Apply		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name firs Peter J. Levine	t, if individual)								
Business or Residence Ad 9608 Sotweed Dr. Potom		ind Street, City. State, Zi	p Code)						
Check Box(es) that Apply	Promoter	🔀 Beneficial Owner	X Executive Officer	🔀 Director	☐ General and/or Managing Partner				
Full Name (Last name firs Ben A. Hitt									
Business or Residence Ad 1910 Curie Dr., Severn, I		nd Street, City, State, Zi	p Code)						
Check Box(es) that Apply:		🔀 Beneficial Owner	☐ Executive Officer	Director	☐ General and or Managing Partner				
Full Name (Last name firs Kathleen H. Schenk	i, if individual)								
Business or Residence Add Elm Knoll RD2, Box 352			p Code)						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first	, if individual)	•			•				
Business or Residence Ado	lress (Number a	nd Street, City, State, Zip	Code)						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and or Managing Partner				
Full Name (Last name first	, if individual)			•					
Business or Residence Ado	Iress (Number a	nd Street, City, State, Zip	Code)						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first	, if individual)								
Business or Residence Add	ress (Number ar	nd Street, City, State, Zip	Code)						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
full Name (Last name first	, if individual)								
Business or Residence Add	ress (Number ar	nd Street, City, State, Zip	Code)						
Check Box(es) that Apply: Full Name (Last name first		☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
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Susiness or Residence Add	ress (Number an	d Street, City, State, Zip	Code)	··					
Check Box(es) that Apply:	□Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner				
ull Name (Last name first,	if individual)								
usiness or Residence Address (Number and Street, City, State, Zip Code)									
	(Use bla	nk sheet, or copy and use	additional copies of this	s sheet, as neces	sary.)				

	_				B. INFO	DRMATI	ON ABO	UT OFFE	RING					
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No				
					Answer als	o in Apper	ndix, Colum	ın 2, if filin	g under UL	.OE.				•
2. What is the minimum investment that will be accepted from any individual?									•••••	\$ 300,0	00			
3. Doe	s the offering	g permit joi	nt ownersh	ip of a sing	le unit?			••••				••••••	Yes	No
	•													×
rem pers	er the information for son or agent of (5) persons to	solicitation f a broker (	n of purchas or dealer re	sers in conn gistered wit	ection with the SEC	sales of se and/or with	curities in 1 1 a state or 1	the offering states, list th	. If a persone name of	n to be liste the broker o	d is an asso or dealer. If	ciated more than		·
Full Name N/A	(Last name f	irst, if indiv	ridual)											
Dusings a	r Residence A	ddress (N)	umber and S	Street City	State 7in	Code				· · · · · ·				
					State, Zip						<u> </u>			
	ssociated Bro													
States in W	hich Person l	Listed Has	Solicited or	Intends to	Solicit Pur	hasers								
(Chec	k "All States	or check i	individual S	States)	***************************************	••••••		•••••••	•.,		All State:	S		
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Business or	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip (	Code)								<del></del>
Name of As	ssociated Bro	ker or Deal	er	<del></del>						·	· · · · · · · · · · · · · · · · · · ·			
States in W	hich Person L	isted Has	Solicited or	Intends to	Solicit Purc	hasers					*			
(Check "All	l States" or ch	eck individ	dual States)	***************************************							All States		٠	
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Full Name (	Last name fil	st, if indivi	dual)			,								
Business or	Residence A	ddress (Nu	mber and St	treet, City,	State, Zip C	Code)								
Name of As	sociated Brol	cer or Deal	er 					, 1 . <i>.p</i> f				1.7	<del></del>	······
States in Wi	hich Person L	isted Has S	olicited or	Intends to S	Solicit Purc	nasers					· · · · · · · · · · · · · · · · · · ·	<del></del>		~
(Check "All	States" or ch	eck individ	lual States).	••••••	•••••••	••••	•••••		•••••		All States	÷		
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 🗌 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Offering Amount Already Type of Security Price Sold Debt ..... \$ \$ \$ Equity ☐ Common ☐ Preferred Convertible Securities (including warrants) \$ 600,000 \$ 600,000 Partnership Interests \$ \_\_\_\_)..... Other (Specify\_ \$ \$ Total \$ \$ Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors Aggregate Dollar Amount of Purchases Accredited Investors. \$ 600,000 Non-accredited Investors.... \$ Total (for filings under Rule 504 only)..... \$ Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505 \$ Regulation A \$ Rule 504..... \$ \$ 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees \$ Printing and Engraving Costs..... \$ Legal Fees ..... 図 \$20,000 Accounting Fees..... \$ Engineering Fees \$ Sales Commissions (specify finders' fees separately)..... \$ \$ Other Expenses (identify)

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\$20,000

Total.....

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS							
4.	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ 580,000						
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.								
		Payments to Officers, Directors, & Affiliates	Payments To Others						
	Salaries and fees	🗆	□ <b>\$</b>						
	Purchase of real estate	🗆 \$	□ <b>\$</b>						
	Purchase, rental or leasing and installation of machinery and equipment	🗆 \$	□ <b>\$</b>						
	Construction or leasing of plant buildings and facilities	🗆 \$	□\$						
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$ 	□ \$						
	Repayment of indebtedness	\$150,000	\$210,000						
	Working capital	<b>\\$</b> \$220,000	□ \$						
	Other (specify):	□ \$	\$						
	Column Totals.	🔀 \$'370',000	\$ 210,000						
	Total Payments Listed (column totals added)	<b>🔀 \$</b> 580	·000						
_	D. FÉDERAL SIGNATIÉRE /								
an u	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed ndertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its accredited investor pursuant to paragraph (b)(2) of Rule 502.	under Rule 505, the followi staff, the information furnis	ng signature constitutes hed by the issuer to any						
Is C	suer (Print or Type)  Orrelogic Systems, Inc.	ate July 1 , 2002							
	ame of Signer (Print or Type)  ter J. Levine  Title of Signer (Print or Type)  President								

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION